



COUNTY OF LOS ANGELES

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February 15, 2008

TO: Each Health Deputy

FROM: Mario J. Pérez, Director  
Office of AIDS Programs and Policy

SUBJECT: **MINORITY AIDS INITIATIVE INTERIM INVESTMENT PLAN**

**Background**

In 1999, Congress created the Minority AIDS Initiative (MAI), setting aside funds within Part A of the Ryan White Program (RWP) to address the disproportionate impact of HIV on communities of color and to improve HIV related health outcomes for these populations.

The MAI program provides funding to evaluate and address the disproportionate impact of HIV/AIDS, and disparities in access, treatment, care, and outcomes on racial and ethnic minorities.

The Commission on HIV (COH) determines service categories and allocations for RWP-funded HIV/AIDS care and treatment services in Los Angeles County. From 2001 to 2006 the service categories and allocations for MAI funding in Los Angeles County remained consistent (Medical Outpatient, Oral Health, and Psychosocial Case Management).

On February 28, 2007, HRSA notified the Office of AIDS Programs and Policy (OAPP) that the RWP Year 17 Part A award, with a grant year to begin March 1, 2007, would not include the MAI award as in past years. Instead, HRSA requested a separate, competitive application from eligible health jurisdictions to result in an award of MAI funds for an August through July grant cycle (there was no guarantee of an award as there had been in the past).

On August 1, 2007 OAPP received notice of a Minority AIDS Initiative Grant Award of \$2,528,561 for the period August 1, 2007 through July 31, 2008.

*Future MAI awards are based on demonstrated ability to spend MAI funds within the grant year.*

The Commission on HIV's allocation percentages and subsequent funding amounts for each MAI-funded service category are indicated in Table I.

**TABLE I: MAI Service Category Allocation by Percentage and Dollar Amount**

FY 2007 Allocation Percentage*		FY 2007 Allocation Amount*	
Medical Case Management	45%	Medical Case Management	\$1,080,960
Early Intervention Program	35%	Early Intervention Program	\$ 840,747
Oral Health	20%	Oral Health	\$ 480,427

\*Does not include the maximum allowable 5% administrative cost.

In order to disperse funding quickly across these service categories to ensure maximum likelihood of total expenditure of grant funds within the grant year, OAPP staff examined existing contractor capacity to provide services to communities of color and keeping in mind both the geographic distribution of total resources for the service category and all available care and treatment funds for distribution (not just MAI funding). For example, there has been demonstrated high need for Oral Health services in Service Planning Area (SPA) 8, with few oral health resources available in that area for people living with HIV. St. Mary's Medical Center, an existing contracted provider for Medical Outpatient services, has a well-functioning dental clinic with capacity to greatly and rapidly expand services to meet unmet need. Investing MAI resources in building capacity for Oral Health services at St. Mary's Medical Center can likely result in more than 200 new patients from SPA 7 and 8, and to a lesser degree SPA 6, receiving Oral Health services.

Table II indicates agencies whose contracts are recommended for augmentation under delegated authority or amended (shaded items) with approval by your Board in order to fully obligate the MAI resources for Year 17.

**TABLE II: Contracts to be Amended or Augmented with MAI Resources**

Service Category	Contractor	Augmentation or Amendment Amount	Rationale
<b>Medical Case Management</b>	AIDS Healthcare Foundation	\$530,000	Geographic; likelihood to maximize; medical management model in place.
	City of Pasadena	\$125,000	Geographic; likelihood to maximize.
	St. Mary's Medical Center	\$187,000	Geographic; likelihood to maximize; ability to shift to medical case management model.
	St. Mary's Medical Center (Existing Psychosocial Model to shift to Medical Case Management Model)	\$239,000	Geographic; likelihood to maximize; ability to shift to medical case management model.
<b>Total</b>		<b>\$1,081,000</b>	

**TABLE II (continued): Contracts to be Amended or Augmented with MAI Resources**

Service Category	Contractor	Augmentation or Amendment Amount	Rationale
<b>Oral Health</b>	APLA	\$41,149	Geographic; likelihood to maximize; existing dental clinic.
	El Proyecto del Barrio	\$100,612	Geographic; likelihood to maximize; newly established dental clinic capacity.
	Northeast Valley Health Corporation	\$9,351	Geographic; likelihood to maximize; existing dental clinic.
	St. Mary's	\$329,388	Geographic; likelihood to maximize; existing dental clinic
<b>Total</b>		\$480,500	
<b>Early Intervention Program</b>	AIDS Healthcare Foundation	\$180,000	Geographic; likelihood to maximize
	JWCH	\$64,246	Geographic; likelihood to maximize
	Northeast Valley Health Corporation	\$185,000	Geographic; likelihood to maximize
	St. Mary's Medical Center	\$263,000	Geographic; likelihood to maximize
	Tarzana Treatment Centers	\$148,635	Geographic; likelihood to maximize
		\$840,881	

Please note that the five amendments highlighted above total \$1,065,000 as referenced in the Board Letter. OAPP intends on notifying those contractors for whom an augmentation is recommended as part of this interim investment plan after Board action on February 19, 2008.

By mid-grant year, OAPP must demonstrate that all MAI funds are obligated. By the end of the grant year, OAPP must demonstrate that all MAI funds have been expended in the approved service categories.

During Year 19, as part of the HIV/AIDS Medical Services resolicitation package, OAPP intends on resoliciting all Medical Case Management, Oral Health and Early Intervention Program services (Medical Outpatient, Medical Specialty, ADAP Enrollment and Nutritional Counseling will round out the package) in order to ensure continued appropriate distribution of and access to these services across the County.

If there are questions regarding the allocations, please let me know.

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